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PTO/SB/22 (10)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after December 8, 2004) | | Docket Number (Optional) 00-4029 | |
| Application Number 09/777,969 | | Filed February 5, 2001 | |
| For METHOD, APPARATUS AND PROGRAM FOR PROVIDING USER-SELECTED ALERTING SIGNALS IN TELECOMMUNICATION DEVICES | | | |
| Art Unit 2643 | | Examiner Tuan PHAM | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120.00 | \$60.00 |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450.00 | \$225.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1,020.00 | \$510.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1,590.00 | \$795.00 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2,160.00 | \$1,080.00 |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-2347. I have enclosed a duplicate copy of this sheet. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 25,648 | | | |
| _____ Signature | | _____ Date | |
| _____ Jael Wall | | _____ (972) 718-4800 | |
| _____ Typed or printed name | | _____ Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of 1 forms are submitted. | | | |

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